



State of Michigan Employees

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This issue provides a variety of timely information related to your health care benefits and your health care needs



For Your Benefit

Make your health maintenance exam work for you and your family

You've heard the old saying, "An ounce of prevention is worth a pound of cure." This is especially true when referring to your health. Keeping an illness from happening is much easier than trying to cure one. That's the purpose of preventive health care. Preventive care is a set of health care measures taken before symptoms appear, to avoid illness or injury. The emphasis is on averting illnesses before they occur.

Regular routine health exams and screenings can help find problems before they start. These exams and tests are important for adults and children (well-baby and child care). They also can help find problems early, when the chances for treatment and cure are better.

The screenings cover:

- Colon cancer prevention
- Prostate cancer prevention
- Gynecological cancer prevention
- Cardiovascular disease prevention
- Immunizations

Which exams and screenings you need depend on your age, health and family history — and lifestyle choices such as what you eat, how active you are, and whether you smoke. Your doctor can advise you on which screenings you should have and when you need them.

Working with your doctor, a routine health exam enables you to:

- Identify risk factors in your personal and family health history
- Obtain a comprehensive exam
- Obtain the needed screening tests at the right intervals
- Choose healthy lifestyles to maximize your health

**In this issue
of For Your Benefit,**
we'll take a look at the tests
that are included in your
preventive benefits under
your State Health Plan PPO.

Your preventive care benefit

Your State Health Plan PPO covers preventive care services. Some of the preventive services are subject to a \$1,500 maximum benefit per calendar year for each member. Preventive care services must be billed by your doctor with a routine or screening diagnosis. A screening is a test given when there are no symptoms. If a doctor orders a test because you're having symptoms of an illness or a disease, it's a diagnostic test. If the diagnostic test is covered, it's subject to your in-network deductible.

Take action

Ask questions. It's your body and your life. Take a partnership approach with your doctor to maximize your health care and to get the preventive screening tests that really matter.

You can contact BlueHealthConnection for more information. SHP PPO members, call 800-775-BLUE (2583) or go to **bcbsm.com**. BCN HMO members call 800-637-2972 or go to **MiBCN.com**



Hepatitis C screening included as preventive care

Hepatitis means inflammation of the liver. The hepatitis C virus infects the liver and can cause hepatitis. Screening for it requires a simple blood test that is included under your SHP PPO as preventive care. Screening for it is very important because in the early stages of the disease, hepatitis C may cause few or no symptoms. It's estimated that 60 to 70 percent of individuals infected with the virus don't know they're infected.

The facts

Here are some facts on the disease:

- Approximately 4 million people in the United States have been infected with hepatitis C.
- Approximately 160,000 Michigan residents have been infected with hepatitis C.

Fifteen to twenty-five percent of people infected with the hepatitis C virus will clear the virus from their body. The others will go on to develop chronic infection within 20 to 30 years after infection. Of those chronically infected:

- 10 to 20 percent develop cirrhosis
- 8,000 to 10,000 die each year in the United States

Who's at risk

Transmission occurs through blood-to-blood contact. You're at risk for hepatitis C if you:

- Received a blood transfusion or an organ before 1992
- Received blood products before 1987
- Injected drugs even once
- Had exposure to blood products or were employed in a health care field or as a public safety worker
- Had unprotected sex with more than one sexual partners or have a sexually transmitted disease
- Were born to a mother with hepatitis C

Hepatitis C is a leading indicator in the United States for liver transplants, cirrhosis and liver cancer. That's why screening for those at risk is so important. There's no vaccine to prevent hepatitis C infection.

Source: *Hepatitis Fact Sheet*, Michigan Department of Community Health

Your blood tells your story

Like many areas in medicine, clinical lab testing often provides simple answers to commonly asked questions. Lab tests, such as blood tests, are helpful tools in evaluating your health status. They play an important part in the overall detection of an illness.

Blood tests can alert you to an illness well before a part of your body starts sending you tell-tale signals such as severe pain, nausea, or loss of consciousness. If a blood test reveals an abnormality, corrective actions can often be taken to prevent a serious disease from developing.

Here's a brief description of some of the routine and screening blood tests.

Chemical profile, chemistry and complete blood count

Chemistry profile and chemistry are groups of blood tests that are routinely ordered to determine your general health status. They help evaluate the body's electrolyte balance and the status of several major body organs.

A complete blood count is an automated count of the cells in the blood. It's used as a broad screening test to check for such disorders as anemia, infections and many other diseases. The CBC is a very common test. You may have a baseline CBC test to help determine your general health status. If you're healthy and you have cell counts that are within normal range, you may not need another CBC until your health status changes or until your doctor feels it's necessary.

What to expect

The chemistry profile and chemistry tests are performed on a blood sample, usually drawn from a vein in the arm. The process of obtaining a sample of blood from a vein is called a venipuncture. A complete blood count can be drawn from a vein in the arm or a finger stick or heel stick (newborns).

The results

The chemical profile and chemistry give your doctor important information about the status of your kidneys, liver, and electrolyte and acid/base balance as well as your blood sugar, blood proteins, and cholesterol. Abnormal results, and especially combinations of abnormal results, can indicate a problem that needs to be addressed. A CBC screening may uncover infections, inflammation, cancer, leukemia, bone marrow diseases, various acute and chronic conditions, anemia, mineral deficiencies, blood clotting disorders, and some genetic disorders.

For more information on blood tests and other lab services, contact BlueHealthConnection. SHP PPO members, call 800-775-BLUE (2583) or go to bcbsm.com. BCN HMO members call 800-637-2972 or go to **MiBCN.com**





Immunizations prevent illnesses

One of the most important things you can do to protect your child's health is to see that he or she receives all of the recommended immunizations—and that they receive them on time. Vaccines have been proven to be one of the most effective tools ever created to help people live longer and have healthier lives. They work by preventing infectious diseases, some of which have the potential to cause long-lasting or permanent health problems, or even death.

Vaccines aren't just for kids. Everyone can benefit from immunizations. Far too many adults become ill, are disabled, and die each year from diseases that could easily have been prevented by vaccines.

The following list includes some of the vaccinations covered under your immunization benefit:

- Tuberculosis
- Hepatitis A and B
- Human Papilloma virus
- Lyme disease
- Rabies
- Plague
- Polio
- Cholera
- Encephalitis
- Rotavirus
- Typhoid
- Diphtheria
- Tetanus
- Pertussis
- Measles
- Rubella
- Mumps
- Varicella

These vaccinations are also covered, but are covered outside of your preventive maximum, which means they aren't subject to your \$1,500 preventive maximum. They are covered at any age when provided by an in- or out-of-network provider.

- Yellow fever
- Meningitis
- Zoster (shingles)
- Influenza (FluMist not covered)
- Pneumococcal

Your doctor can advise you on which immunizations are right for you.

If you have questions about immunizations, call BlueHealthConnection. SHP PPO members, call 800-775-BLUE (2583) or go to bcbsm.com. BCN HMO members call 800-637-2972 or go to **MiBCN.com**

Tests reveal your heart and lungs

The chest X-ray is the most commonly performed diagnostic X-ray exam. A chest X-ray makes images of the chest, heart, lungs, airway, heart, blood vessels, ribs, diaphragm, and the bones of the spine and chest.

Physicians may use the chest exam to help screen for conditions including:

- Pneumonia
- Heart failure and other heart problems
- Emphysema
- Lung cancer

What to expect

The test is performed in a hospital radiology department or in the provider's office by an X-ray technician. Two views are usually taken: one in which the X-rays pass through the chest from the back, and one in which the X-rays pass through the chest from one side to the other. You stand in front of the machine and hold your breath when the X-ray is taken.

The results

An abnormal X-ray result can mean:

In the lungs:

- Collapsed lung
- Collection of fluid around the lung
- Lung cancer
- Lung tumor
- Malformation of the blood vessels
- Pneumonia
- Scarring of lung tissue
- Tuberculosis

In the heart:

- Size and shape of the heart determined
- Position and shape of the large arteries

In the bones:

- Osteoporosis
- Fractures of ribs and spine
- Other abnormalities in the ribs and spine

While a chest X-ray gives your provider a physical look at what's happening in your heart, an electrocardiogram — abbreviated as EKG or ECG — is a test that measures the electrical activity of the heartbeat. With each beat, an electrical impulse (or "wave") travels through the heart. This wave causes the muscle to squeeze and pump blood from the heart. A normal heartbeat on EKG/ECG will show the timing of the top and lower chambers.

An EKG/ECG gives two major kinds of information. First, by measuring time intervals on the EKG/ECG, a doctor can determine how long the electrical wave takes to pass through the heart. Finding out how long a wave takes to travel from one part of the heart to the next shows if the electrical activity is normal or slow, fast or irregular. Second, by measuring the amount of electrical activity passing through the

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heart muscle, a provider may be able to find out if parts of the heart are too large or are overworked.

An EKG/ECG is very useful in determining whether a person has heart disease and is helpful in determining if the heart is beating normally. An EKG/ECG may be included as part of a routine examination in patients over 40 years old.

What to expect

You are asked to lie down, and electrodes are affixed to each arm and leg and to your chest. This requires cleaning the site and, if necessary, shaving or clipping hair. The standard number of leads attached is 12 to 15 for a diagnostic EKG/ECG but may be as few as three to five for a monitoring procedure.

You are usually required to remain still, and you may be asked to hold your breath for short periods during the procedure. The results are recorded on graph paper.

The results

A normal EKG/ECG shows that the heart is beating 50 to 100 beats per minute with a rhythm that's consistent and even.

Abnormal EKG/ECG results may indicate the following:

- Myocardial (cardiac muscle) defect
- Enlargement of the heart
- Congenital defects
- Heart valve disease
- Arrhythmias (abnormal rhythms)
- Tachycardia (heart rate too fast) or bradycardia (too slow)
- Coronary artery disease
- Inflammation of the heart (myocarditis)
- Changes in the amount of electrolytes (chemicals in the blood)
- Past heart attack
- Present or impending heart attack

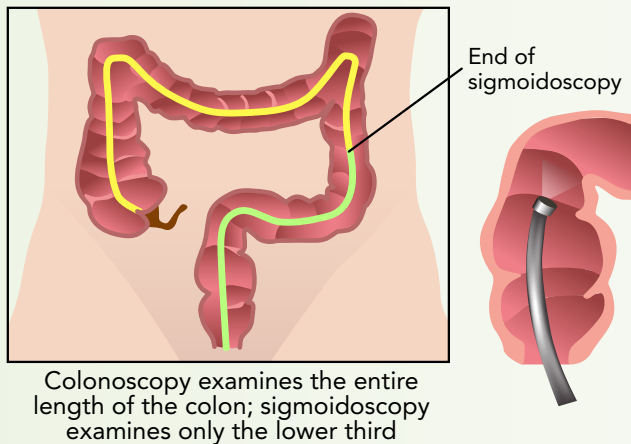
Although fairly routine, chest X-rays and EKGs/ECGs are tests that may play an important role in your regular physical exam. Of course, you and your doctor can decide if and when these tests are right for you. BlueHealthConnection can provide you with more information to enable you to make an informed decision. SHP PPO members, call 800-775-BLUE (2583) or go to bcbsm.com. BCN HMO members call 800-637-2972 or go to **MiBCN.com**.



Colorectal screenings check for colon problems

Cancer of the rectum and colon is the second most common cancer in the United States, and claims the lives of approximately 60,000 people annually. As a result, cancer authorities now recommend that people over 50 years old be screened for colorectal cancer every three to five years. Screening at an earlier age should be done on patients who have a family history of colon or rectal cancer, or small growths in the colon called polyps.

There are several preventive screenings performed to determine colon and rectal cancers. These tests include the flexible sigmoidoscopy, a colonoscopy, a fecal occult blood test and a barium enema.



Flexible sigmoidoscopy is a procedure by which a doctor inserts flexible fiber-optic tube into the rectum to examine the lower portion of the large intestine or bowel. The tube contains a light and a camera lens. The doctor moves the sigmoidoscope up beyond the rectum to examine the interior walls of the rectum and lower intestine for any irregularities.

A sigmoidoscopy is used most often in screening for colorectal cancer or to determine the cause of rectal bleeding. It's also used for the diagnosis of inflammatory bowel disease and other benign diseases of the lower intestine.

Studies have shown that more than half of all growths in the colorectal region can be detected by a sigmoidoscopy. This exam is usually performed with a fecal occult blood test to increase detection of polyps and cancers that lie beyond the scope's reach. A fecal occult blood test checks for hidden blood in the stool.

A secondary use of a fecal occult blood test is to diagnose a cause of anemia, such as a blood loss from a bleeding ulcer.

Some doctors prefer to do this screening with a colonoscope, which allows them to see the entire colon. This is a more involved procedure called a colonoscopy. A colonoscopy is also done to diagnose the finding of blood in the stool, abdominal pain, diarrhea, a change in the bowel habits, or an abnormality found on a colon X-ray or CT scan.

Double contrast enema is a series of X-rays of the colon and rectum taken after you are given an enema, which is followed by an injection of air. A barium enema outlines the intestines on the X-rays, allowing many abnormal growths to be visible.

What to expect

For complete and accurate findings, the lower bowel must be clean for the doctor to see the lining. To do this, you are required to be on a diet of clear liquids 24 hours before the procedure, take laxatives and enemas, or drink a special cleansing solution.

Prior to the procedure an IV is started and you'll be put on a monitor to monitor the heart, blood pressure and oxygen in the blood. Medication is often given through the IV to make you sleepy and relaxed, but still awake. If needed, you may receive additional doses during the procedure. You may feel some pressure, cramping and bloating during the procedure. However, with the help of the medication the procedure is well tolerated and rarely causes any significant pain. A sigmoidoscopy usually takes

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20 to 30 minutes. A colonoscopy may take up to 60 minutes.

The double contrast enema is different only in that it's a two-step process. While lying on an X-ray table, a well-lubricated enema tube is inserted, and a barium contrast material flows slowly into your colon. The doctor observes the flow of the barium through the colon on an X-ray monitor that is similar to a television screen. Once this is done, the barium is drained out and the colon is filled with air to show another view of the colon.

The fecal occult blood test consists of stool samples collected and smeared on test cards and returned to the doctor or laboratory. Typically, two or three samples are collected on different days and sent in one mailing.

The results

A normal exam shows a smooth bowel wall with no evidence of inflammation, polyps or tumors. In a sigmoidoscopy, an abnormal result may show signs of active inflammatory bowel disease, either a thickening of the intestinal lining consistent with colitis, or ulcers or fissures consistent with Crohn's disease.

An abnormal colonoscopy result involves one or more noncancerous or precancerous polyps or tumors. Patients showing polyps have an increased

risk of developing colorectal cancer in the future. Small polyps can be removed during the procedure. Larger polyps or tumors usually require the doctor to remove a portion of the growth for diagnostic testing. Depending on the test results, the patient may be scheduled to have the growth removed surgically.

An abnormal double contrast enema result can show some of the same cases as the other tests. In addition, it can show a possible bowel obstruction or a structural defect in the lining of the colon.

The fecal occult blood test is normally negative. A positive test result will tell the doctor that the patient has abnormal bleeding occurring somewhere in the gastrointestinal tract. This blood loss could be due to ulcers, diverticulosis, bleeding polyps, inflammatory bowel disease, hemorrhoids, swallowed blood due to bleeding gums or nosebleeds, or benign or cancerous tumors.

Talk with your provider about which tests and screening schedules are most appropriate for you. Contact BlueHealthConnection for more information.

Sources: U.S. National Library of Medicine and the National Cancer Institute

Urinalysis can flag disorders

The urinalysis is used as a screening tool to help detect substances or cellular material in the urine associated with different metabolic disorders such as diabetes and kidney disorders. It's ordered widely and routinely to detect any abnormalities. Often, substances such as protein or glucose will begin to appear in the urine before you're aware you may have a problem. It's also used to detect urinary tract infections and other disorders of the urinary tract.

Urinalysis results can have many interpretations. As part of the other screening tests, they're a red flag, a warning that something may be wrong and should be evaluated further.

GYN screening essential for women's good health

The gynecological (GYN) exam is an important component of preventive health care for women. It's essential for:

- Prevention of illness and discomfort
- Early detection of cancers of the breast and cervix when they are more curable
- Detection of sexually transmitted infections and other conditions before they cause serious damage
- Contraception, discussing the pros and cons of the various methods
- Prevention of sterility
- Healthy pregnancy and childbirth

Some women avoid the pelvic exam because they feel embarrassed by the exposure involved or they think that it's an uncomfortable experience. However, the pelvic exam should not be painful or embarrassing. Sometimes it helps to make women more comfortable if they know what will happen during the exam. The answers to the following questions should give you an understanding of what to expect.

When should I have my first pelvic exam?

Experts differ on the exact age at which you should have your first GYN exam. Most agree that if you're not sexually active, by the age of 21 you should have your first GYN exam. Women who are sexually active or those who are experiencing vaginal discharge, irregular periods, or other pelvic problems should have a GYN exam earlier.

How often should a pelvic exam be done?

After the first exam, you should continue to have exams once a year, especially if you are sexually active. A yearly exam can detect an abnormality that may have developed so it may be treated early.

What should I expect during the exam?

Your exam will probably include the following:

- Talking about your personal, family, sexual, and medical history
- Counseling
- A urine test
- A breast exam and mammogram
- A Pap smear
- A pelvic exam
- Screening for sexually transmitted infections (at your own or your provider's request)

Your history

Before beginning the pelvic exam, your doctor will ask for information concerning your medical background and menstrual, sexual and contraceptive history. Be sure to mention any genital symptoms you have had and ask questions about any special concerns. You should be prepared to answer questions the doctor



asks, including:

- When was your last period?
- Are you sexually active? If so, are you using birth control?
- Are you having any problems with your period, such as discharge or pain?
- Do you think you're pregnant?

Through this discussion, the doctor will be able to get a sense of which tests to run and what issues to discuss.

Counseling

The examination provides an opportunity to talk with your health care provider about safer sex or birth control methods. If you aren't sexually active, this is an opportunity for you to become well informed before having to make decisions. If birth control is your primary concern, a contraceptive program will be tailored to meet your individual needs. If you're concerned about sexually transmitted diseases or other issues, you can discuss your concerns with your provider.

The general exam

Your doctor may start the examination at the top of your body and move downward from there. Your doctor may examine your eyes and ears, feel your throat to see if your thyroid is enlarged and listen to your heart and lungs with a stethoscope.

You may be asked for a urine sample. The test can tell if you're pregnant. It can also help screen for health problems. Urinating before a pelvic exam to empty your bladder may make you more comfortable during the exam. It will also be easier for the doctor to examine you because your cervix and uterus are located behind your bladder. Then she or he'll move on to the four main components of the annual gynecological exam--a breast exam, a pelvic exam, a Pap test and a digital rectal exam.

The breast exam

Your doctor will examine your breasts for lumps, thickening, irregularities, and discharge and ask if you've noticed any changes in your breasts since your last exam. If you need to learn how to do a breast self-exam, your doctor can teach you. Breast

lumps are often discovered by a woman or her partner. Most aren't cancerous, but report anything unusual to your doctor as soon as possible.

The mammogram

Annual breast exams and monthly breast self-exams are only two of the three important ways women can protect themselves from breast cancer. The third is mammography – X-ray photographs of the breasts that can detect abnormalities, which can help make early diagnosis of cancer possible. Mammography can detect a lump up to two years before it can be felt.

Women over 40 should have mammograms every year. Younger women whose families have a history of breast cancer should consult with their doctors about whether or not mammograms would be of value to them.

The pelvic exam

In a pelvic exam, your doctor visually examines a woman's external genital for signs of irritation, discharge, cysts, genital warts and other conditions.

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Then the doctor inserts a metal or plastic speculum. The speculum holds open the vaginal wall to see the cervix. You may feel some pressure or mild discomfort when the speculum is inserted and opened. Talk with your doctor about any discomfort you feel – he or she'll do their best to make sure you're comfortable.

Once the speculum is in place, the doctor checks for any irritation, growth, or abnormal discharge from the cervix. Tests for sexually transmitted infections may be done by collecting cervical mucus on a cotton swab.

The Pap smear

Usually a small spatula or tiny brush is used to gently collect cells from the cervix and vagina for a Pap test. The cells will then be put into a vial with a solution and sent to a laboratory for analysis. This simple procedure, called the Pap smear, allows for early detection of precancerous cells. As the doctor removes the speculum, the vaginal walls are checked for irritation, injury, and any other problems.

An abnormal Pap smear result may indicate an infection, a precancerous condition or cancer. However, a Pap smear is just a screening; further testing through additional Pap smears, colposcopy, biopsy or specific sexual transmitted disease screening may be necessary to accurately diagnose and properly treat the condition.

After gradually removing the speculum, the doctor will do a digital examination. This is also referred to as a bimanual examination because both hands are used - one internally and one externally on the abdomen. The doctor will insert one or two gloved fingers into the vagina and place the other hand on your abdomen, applying slight pressure. The doctor may also insert a gloved finger into the rectum while applying slight pressure on the abdomen. This exam permits the detection of any growths, abnormalities, swellings, or areas of tenderness in the pelvic area. The entire exam takes a few minutes.

How should I prepare for the exam?

- Schedule the exam when you're not having your menstrual period.
- Don't douche 24 hours before your visit (douches aren't necessary for healthy hygiene).

Breast problems: When to call a doctor

Call the doctor when:

- You find a lump in your breast, armpit, or chest area that concerns you, especially if it's hard and not like the rest of your breast tissue.
- You find a breast lump after menopause.
- You have a bloody or greenish discharge from a nipple, or a watery or milky discharge that occurs without pressing on the nipple or breast.
- You have a change in a nipple, such as crusty or scaly skin or a nipple turns in rather than points out.
- One of your breasts changes shape or seems to pucker or pull when you raise your arm.
- The skin looks dimpled like an orange peel.
- You have a change in the color or feel of the skin of a breast or the darker area around a nipple.
- You have new pain in one breast that lasts longer than one or two weeks and was not caused by an injury.
- You have any signs of infection in the breast, such as pain, redness, warmth or swelling.

Source: American Cancer Society

- Use a condom if you have vaginal intercourse less than 24 hours before your exam.
- Write down your questions so you won't forget to ask them.
- Be prepared to tell your doctor the date your last period started and how long it lasted.

A gynecological screening is essential for a women's good health. Detecting problems early can help you get the treatment you need to keep healthy. If you have any questions concerning your gynecological exam, ask your doctor or contact BCBSM's and BCN's BlueHealthConnection. SHP PPO members, call 800-775-BLUE (2583) or go to bcbsm.com. BCN HMO members call 800-637-2972 or go to **MiBCN.com**

Babies need checkups, too

All is well, but your little bundle of joy needs to visit the doctor to stay that way. That's what well-baby and child care screenings are for. The American Academy of Pediatrics recommends you take your baby for at least eight checkups during the first two years. Sounds like a lot, but little ones develop so quickly during the first two years, your doctor needs to make sure your baby is hitting the milestones when he or she should.

Under your State Health Plan PPO, well-baby and child care examinations are covered at 100 percent when rendered by an in-network provider. Well-baby and child care visits are subject to the \$1,500 annual dollar maximum for preventive services. The number of covered visits is:

- Six visits for children from birth through 12 months
- Six visits for children 12 months through 24 months
- Two visits each year for children 24 months through 48 months
- One visit each year for children 48 months through 15 years.

Following is a list of exams your baby should have during the first two years, as well as what to expect at each visit.

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Time period						
	Months 1 and 2	4 Months	6 Months	9 Months	12 Months	18-24 Months
Vaccines	<ul style="list-style-type: none"> • Weigh and measure your baby to make sure your baby's growing at a healthy rate. • Check your baby's eyesight and hearing. • Give some insight into baby's development, feeding, and sleeping. 					
	What doctor may do					
	Give first major round of immunizations: Hepatitis B, pneumococcal vaccine, DTaP, HiB, and polio.	Give second major round of immunizations: DTaP, HiB, polio, and may be hepatitis B vaccine.	Give next round of immunizations: Hepatitis B, DTaP, HiB and polio. Influenza annually	Give any missed immunizations.	Give next round of immunizations: DTaP, HiB, polio, MMR, varicella, hepatitis A.	Give any missed immunizations.
Check and get answers	Check that umbilical cord has fallen off and the belly button is healing well. If a circumcised, examine penis.	Answer questions about child care and transitions.		Answer questions on general safety such as childproofing your home and poison control.	Answer questions about vitamins.	Answer questions about toilet training and discipline.
Address health issues	How to treat diaper rash and cradle cap.	How to treat constipation, colds, and the flu.	How to treat a cold and diarrhea. Blood test to measure number of red blood cells	How to treat colds, fevers, diarrhea, croup and ear infections.	How to treat colds, coughs, cuts, and bumps and falls. Refer to dentist	How to treat ear infections, colds, and the flu, especially if they attend daycare or preschool. Check body mass index and cholesterol
Physical and social adjustments	Consult on injury prevention, sleep positioning and nutrition	Set up bedtime routine to help you and baby get more sleep.		Note baby's appearance: baby should be plump and round, with extra chins and folds in thighs.	Offer information on discipline and learning skills Screen for developmental problems and autism	Screen for developmental problems and autism

Source: BlueHealthConnection

What does it mean?

Here are some acronyms and names of vaccinations and their meaning:

DTP - Diphtheria, tetanus, whole cell pertussis (whooping cough)

DTaP – Diphtheria, tetanus, acellular pertussis (whooping cough)

HiB – Bacterial meningitis

MMR – Mumps, measles and rubella (German measles)

Varicella – Chicken pox



PSA and rectal exams encourage men's health

Prostate cancer is the most common type of cancer among men in this country. Out of every three men who are diagnosed with cancer each year, one is diagnosed with prostate cancer. Prostate cancer can often be cured if it is found early, before it has spread to other organs.

Prostate cancer is more prevalent among men with a family history, or African-American men over 50 years old, or men who eat a high-fat diet. Prostate cancer tends to grow slowly. Many older men with prostate cancer die of another cause (like heart disease) before the cancer has grown enough to cause problems.

Most men with prostate cancer have no symptoms. In a few cases, the cancer can cause urinary problems. If it spreads to bones or other organs, it can cause pain and other symptoms.

A prostate specific antigen is a blood test that screens men who do or don't have symptoms of prostate cancer.

Symptoms of prostate cancer may include difficult, painful and/or frequent urination. A PSA may also be ordered during and regularly after prostate cancer

treatment. It tests for the amount of PSA in the blood.

The PSA and the digital (finger) rectal exam help determine if a biopsy of the prostate is necessary. A digital rectal examination is done to check for problems with organs or other structures in the pelvis and lower belly. The goal of testing is to minimize unnecessary biopsies and to detect prostate cancer while

it's still confined to the prostate. It's also used to monitor the effectiveness of treatment for prostate cancer, and to detect recurrence of prostate cancer.

What to expect

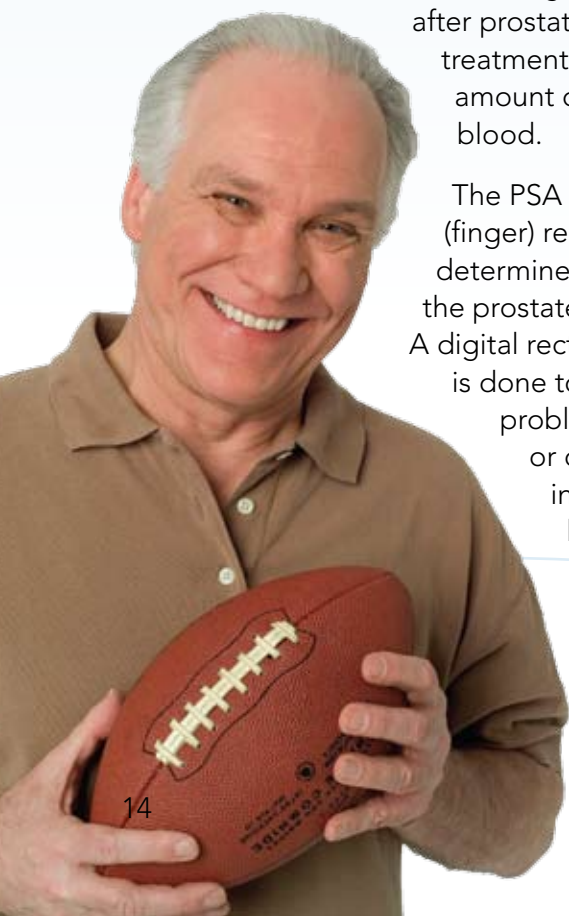
The PSA test consists of a blood sample drawn from a vein in the arm. During the digital rectal exam, a doctor gently puts a lubricated, gloved finger of one hand into the rectum. The doctor may use the other hand to press on the lower belly or pelvic area.

The results

The PSA test was developed to screen for prostate tumors and to monitor prostate cancer. Elevated levels of PSA are associated with prostate cancer, but they may also be seen in men with prostatitis (inflammation of the prostate) and benign prostatic hyperplasia. Mild to moderately increased concentrations of PSA may be seen in African-American men, and levels tend to increase in all men as they age.

A digital rectal exam is done for men to check the prostate gland. The results of the test may show an enlarged prostate gland. This may mean benign prostatic hypertrophy or inflammation of the prostate gland (prostatitis). The doctor may feel tumors or growths such as hemorrhoids, polyps, tumors, or abscesses. He or she may find breaks in the skin around the anus (anal fissures), or problems of the bladder.

If you have a question or concerns about prostate cancer treatments, discuss them with your doctor, or for more information contact BlueHealthConnection. SHP PPO members, call 800-775-BLUE (2583), or go to bcbsm.com. BCN HMO members call 800-637-2972, or go to MiBCN.com.



Here's a summary chart of the preventive services, a recommendation of when you should receive them, and what's covered. See the articles in this issue for a description of some of the screenings.

General adult preventive health recommendations

Service	Reason	Age 18-39	Age 40-64	SHP PPO
Annual health maintenance exam	Health history, physical exam, preventive health assessment, patient education	Every 3–5 years	Age 40–49, every 2–3 years. Age 50+, every 1–2 years	In-network: Covered 100% Out-of-network: Not covered
Chest X-ray screening	Screening for chest area abnormalities	Every 3–5 years	Age 40–49, every 2–3 years Age 50+, every 1–2 years	In-network: Covered 100% Out-of-network: Not covered
Colonoscopy	Screening for colon cancer	Not applicable	Baseline at 50 years. 50+, every 3-5 years	In-network: Covered 100% (Not subject to preventive maximum.) Out-of-network: Covered 90% after deductible
Cardiovascular disease and stroke risk assessment	Cardiovascular disease screening	Every 2 years beginning at age 20	Age 40–49, every 2 years. Age 50+, every 1–2 years	In-network: Covered 100% Out-of-network: Not covered
Cholesterol screening	Level of blood cholesterol	Every 5 years	Every 5 years	In-network: Covered 100% Out-of-network: Not covered
Barium enema	Screening for colorectal abnormalities	Not applicable	Baseline at 50 years. 50+ every 3-5 years.	In-network: Covered 100% Out-of-network: Not covered
Chemistry profile, CBC	General health status	As part of routine health assessment		In-network: Covered 100% Out-of-network: Not covered
Digital rectal exam	Screening for colorectal abnormalities	As part of routine health assessment		In-network: Covered 100% Out-of-network: Not covered
Urinalysis	General health status	As part of routine health assessment		In-network: Covered 100% Out-of-network: Not covered
EKG /ECG	Cardiovascular screening	Every 2 years beginning at age 20 if at risk	Age 40–49, every 2 years. Age 50+, every 1–2 years	In-network: Covered 100% Out-of-network: Not covered

Source: "Healthwise Handbook," Healthwise, Inc. 2004.

General adult preventive health recommendations (continued)

Service	Reason	Age 18-39	Age 40-64	SHP PPO
Flexible sigmoidoscopy	Colorectal cancer screening	Not applicable	Every year starting at age 50	In-network: Covered 100% for age 50+ Out-of-network: Not covered
Fecal occult blood test	Colorectal cancer screening	Not applicable unless at risk	Every year starting at age 50	In-network: Covered 100% for age 50+ Out-of-network: Not covered
Diabetes screening	Diabetes screening	Not applicable unless at risk	Every 3 years starting at age 45; more often if at risk	In-network: Covered 100% Out-of-network: Not covered
Immunizations – Pneumonia vaccine	To prevent pneumonia	Once per lifetime	Once per lifetime	In-network: Covered 100% Out-of-network: Not covered
Immunizations –Influenza vaccine	To prevent the flu	Once per flu season	Once per flu season	In-network: Covered 100% Out-of-network: Not covered
Immunizations – Hepatitis B	To prevent Hepatitis B	Given at birth, 1-2 months, 24 months. Beyond 24 months, catch-up series only	Given at birth, 1-2 months, 24 months. Beyond 24 months, catch-up series only	In-network: Covered 100% Out-of-network: Not covered
Other immunizations	To prevent specified diseases	Depends on vaccination. Contact your doctor for more information.	Depends on vaccination. Contact your doctor for more information.	In-network: Covered 100% Out-of-network: Not covered

Source: "Healthwise Handbook," Healthwise, Inc. 2004.

Adult female preventive health recommendations

Service	For	Age 18-39	Age 40-64	SHP PPO
Routine Pap smear	Cervical cancer screening	Beginning within 3 years of sexual activity or age 21, every year. Age 31-64 every 2-3 years (after 3 negative results)	Age 31-64 every 2-3 years (after 3 negative results)	In-network: (Lab services only) Covered 100%, no age limit Out-of-network: Not covered
Pelvic exam	Cervical cancer screening	Every 1-3 years	Every year	In-network: Covered 100% Out-of-network: Not covered
Clinical breast exam	Breast cancer screening	Every year	Every year	In-network: Covered 100% Out-of-network: Not covered
Mammogram	Breast cancer screening	Discuss with your provider	Age 40-49, every 1-2 years. Age 50-64, every year	In-network: Covered 100% (Not subject to preventive maximum.) Out-of-network: Covered 90% after deductible

Adult male preventive health recommendations

Service	For	Age 18-39	Age 40-64	SHP PPO
Clinical testicular exam and instruction for testicular self-exam	Testicular cancer screening	As part of routine health assessment		In-network: Covered 100% Out-of-network: Not covered
Prostate Specific Antigen (PSA) screening	Prostate cancer screening	As recommended	45+ high risk, 50+ as indicated	In-network: Covered 100% for age 50+ Out-of-network: Not covered

Source: "Healthwise Handbook," Healthwise, Inc. 2004.

2009 State Health Plan PPO Preventive Care Services

**Preventive Care Service	Procedure Code	Comments
***Chemical Profile	*80047, *80048, *80050, *80051, *80053, *80061	During your health maintenance exam, certain laboratory work may be performed as a routine screening. These are the only payable laboratory services covered under your preventive benefit.
***Chemistry	*83655, *83718	See comments under Chemical Profile.
Colonoscopy	G0105, G0121, *00810, *44388-*44394, *45378-*45387, *44397, *45355	American Cancer Society guidelines apply. Dollar maximum not applicable.
***Complete Blood Count	G0306, G0307, *85004, *85013, *85014, *85018, *85025, *85027	See comments under Chemical Profile.
Chest X-ray	*71020	During your health maintenance exam, certain diagnostic work may be performed as a routine screening. These are the only payable diagnostic services covered under your preventive benefit.
Digital Rectal Exam	G0102	American Cancer Society guidelines apply. Dollar maximum not applicable.
Double Contrast Enema	G0106, G0120, *74270, *74280	American Cancer Society guidelines apply. Dollar maximum not applicable.
EKG/ECG	G0403-G0405, *93000, *93005, *93010	See comments under Chest X-ray. Codes being eliminated eff. 12/31/08 G0366-G0368
Fecal Occult Blood Screening	G0107, G0328, *82270, *82274	American Cancer Society guidelines apply.
Flexible Sigmoidoscopy	G0104, *45330	American Cancer Society guidelines apply.
Flu Shot	*90655-*90658	FluMist (*90660) is not payable. Non-Payable Flu Vaccinations *90661, *90662, *90663
Gynecological Exam	**S0613, G0101, *99383-*99387, *99393-*99397	Includes breast and pelvic exam and obtaining pap smear specimen. Codes being eliminated eff. 8/1/08 S0610, S0612, Q0091 ** S0613 – only payable for claims outside MI as of 3/1/09
***Hepatitis C Screening	*86803, *86804	See comments under Chemical Profile.
Health Maintenance Exam	G0402, *99384-*99387, *99394-*99397	Includes the initial or periodic evaluation or reevaluation of an individual including a comprehensive history, exam, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures. Code being eliminated eff. 12/31/08 G0344

**Preventive Care Service	Procedure Code	Comments
Immunizations	G0008-G0010, *90465-*90468, *90471-*90474, *90585, *90632-*90634, *90636, *90645-*90649, *90665, *90669, *90675, *90676, *90680, *90681, *90690-*90692, *90696, *90698 *90700-*90708, *90710, *90712-*90719, *90721, *90723, *90725, *90727, *90732-*90736, *90740, *90743, *90744, *90746-*90748	All immunizations are payable except: Non-Payable Immunizations *90296, *90476, *90477, *90581, *90586, *90650, *90660, *90661, *90662, *90663, *90693, *90720 Code payable eff. 6/23/08 90698 Code payable eff. 4/3/08 90681 Code payable eff. 6/30/08 90696 Note **Code 90749 could be payable upon review to determine the type of immunization being administered.
***Prostate Specific Antigen	G0103, *84152, *84153, *84154	
***Routine Pap Smear	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, *87620, *87621, *88141-*88143, *88147, *88148, *88150, *88152-*88155, *88160-*88162, *88164-*88167, *88174-*88175	
Routine Mammogram	G0202, *77052, *77057	Dollar maximum not applicable.
Urinalysis	*81000-*81003	See comments under Chemical Profile.
Venipuncture	*36415	
Well Baby and Child Care	*99381-*99384, *99391-*99394	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, exam, counseling/ anticipatory guidance/ risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/ diagnostic procedures, new and/or established patient.

- * CPT Codes, descriptions and two-digit numeric modifier only are copyright 2009 American Medical Association. All rights reserved.
- ** Preventive services require a diagnosis that reflects routine or screening. For State Health Plan PPO members, coverage pays for preventive services when rendered by PPO providers. This applies to active employees and non-Medicare Plus Blue Group retirees. The annual dollar maximum for calendar year 2009 is \$1,500 per member. For Medicare Plus Blue Group members, coverage pays for preventive services when rendered by providers that accept the terms and conditions of payment for Medicare Plus Blue Group. The annual dollar maximum for preventive services does not apply.
- *** For State Health Plan PPO, PPO providers are required to send laboratory work to participating laboratories. For Medicare Plus Blue Group, Medicare Plus Blue Group providers are required to send laboratory work to participating laboratories.

For Your Benefit

State of Michigan Employees

Blue Cross Blue Shield of Michigan

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For Your Benefit is published by Blue Cross Blue Shield of Michigan. It is meant to complement the advice of health care professionals and is not intended to take the place of professional medical care.

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For benefit information or claim inquiries, call or write the BCBSM State of Michigan Customer Service Center.

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Our customer service representatives are available from 8:30 a.m. to 4:45 p.m. Monday through Friday excluding holidays.

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